

PATRIOT WATER TREATMENT, LLC

7716 Depot Rd, Unit 1
Lisbon OH 44432
PH 330.222.1274 FAX: 330.222.1500



NON-HAZARDOUS WASTE MANIFEST -	1. Generator ID Number	2. Page 1 of	3. Emergency Response	4. Waste Tracking Number <div style="text-align: center; font-weight: bold; font-size: 1.2em;">PWT</div>	
5. Generator's Name and Mailing Address			Generators Site Address (if different than mailing address)		
Generator's Phone:			Well Permit # _____ County _____ State _____		
6. Transporter 1 Company Name/ Phone			U.S. EPA ID Number		
7. Transporter 2 Company Name			U.S. EPA ID Number		
8 Designated Facility Name and Site Address Patriot Water Treatment 2840 Sierra Drive. Warren, Ohio 44482 Facility's Phone: 1-330-399-1151			U.S. EPA ID Number <div style="text-align: center; font-weight: bold; font-size: 1.2em;">748163</div>		
9. Well Name and Well Number		10. Water Type		11. Total	12. Unit
		No.	Type	Quantity	Wt/Vol.
1.					GALLONS..
2.					
13. Special Handling Instructions and Additional Information:					
14. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste					
Generator's/Officer's Printed/Typed Name			Signature		Month Day Year
15. International Shipments <input type="checkbox"/> Import from U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit					
Transporter Signature (for exports only):			Date leaving U.S.:		
16. Transporter Acknowledgment of Receipt of Materials					
Transporter 1 Printed/Typed Name			Signature		Month Day Year
Transporter 2 Printed/Typed Name			Signature		Month Day Year
17. Discrepancy					
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection					
17b. Alternate Facility (or Generator)			Manifest Reference Number.		U.S. EPA ID Number
Facility's Phone:					
17c. Signature of Alternate Facility or Generator)					Month Day Year
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a					
Printed/Typed Name			Signature		Month Day Year

Date/Time		Manifest #			Truck #		
Load #	Producer	Well Name	Well#	Rig Name/#	Hauler	Driver Name	Driver #
Barrels							
Solids Surcharge	% LEL Reading	Radioactivity	Flash of<150	PH S.U.	Conduct mS/cm	Conversion	Calculated TDS Result mg/L
Y N _____ PPG	Y N <20%	Y N <.10MR/H@X1	Y N				
Comments						Employee/Analyst	

Date/Time		Manifest #			Truck #		
Load #	Producer	Well Name	Well#	Rig Name/#	Hauler	Driver Name	Driver #
Barrels							
Solids Surcharge	% LEL Reading	Radioactivity	Flash of>150	PH S.U.	Conduct mS/cm	Conversion	Calculated TDS Result mg/L
Y N _____ PPG	Y N <20%	Y N <.10MR/H@X1	Y N				
Comments						Employee/Analyst	

Date/Time		Manifest #			Truck #		
Load #	Producer	Well Name	Well#	Rig Name/#	Hauler	Driver Name	Driver #
Barrels							
Solids Surcharge	% LEL Reading	Radioactivity	Flash of>150	PH S.U.	Conduct mS/cm	Conversion	Calculated TDS Result mg/L
Y N _____ PPG	Y N <20%	Y N <.10MR/H@X1	Y N				
Comments						Employee/Analyst	